



STATE OF IDAHO
DEPARTMENT OF INSURANCE
700 W. STATE STREET
BOISE, IDAHO 83720

B U L L E T N N O . 84 - 1

TO: ALL INSURANCE COMPANIES

FROM: TRENT M. WOODS, DIRECTOR
 DEPARTMENT OF INSURANCE

SUBJECT: ANTI-FRAUD BILL - STATE OF IDAHO
 (Bulletin #84-1 Replaces #81-1 Issued May 4, 1981)

Idaho has passed an Anti-Fraud Bill pertaining to all lines of insurance. The following sections have been added to or have modified the existing Idaho Insurance Code Sections:

41-248, 41-250, 41-252, 41-271(4) and 5), 41-1325 and 41-1331.

Of major importance to you will be Sections 41-250, 41-271(4) and (5) and 41-1331. Section 41-250 is mandatory and deals with the required reporting procedures by insurers of suspected fraudulent insurance claims. Attached is the format to be used which should be duplicated by you and disseminated to your respective claims offices that deal with Idaho insureds.

Section 41-250, COMPANY REPORTING INVESTIGATION CASES, reads as follows:

"Any insurer which believes that a fraudulent claim is being made shall, within sixty (60) days of the receipt of such notice, send to the director of insurance, on a form prescribed by the director, the information requested and such additional information relative to the claim and the parties claiming loss or damages as the director may require. The director of the department of insurance shall review such reports and select such claims as, in his judgment, may require further investigation. He shall then cause an independent examination of the facts surrounding such claim to be made to determine the extent, if any, to which fraud, deceit, or intentional misrepresentation of any kind exists in the submission of the claim. The director of the department of insurance shall report any alleged violations of law which his investigations disclose to the appropriate licensing agency and prosecuting authority having jurisdiction with respect to any such violation."

Section 41-271, DISCLOSURE OF INFORMATION, reads in part as follows:

"(4) Any insurance company providing information to an authorized agency or agencies pursuant to sections 41-250, 41-258 or 41-271(1) or (2), Idaho Code, shall have the right to request relevant information relative to the loss in question and to receive, within a reasonable time, not to exceed thirty (30) days, the information requested, if the information is not otherwise privileged by law.

(5) Any insurance company, or person acting in its behalf, or the state fire marshal, authorized agency or person acting in its behalf, who releases information whether oral or written, pursuant to sections 41-250, 41-258 and 41-271, Idaho Code, shall be immune from any liability arising out of a civil action, or penalty resulting from a criminal prosecution."

Section 41-1331, CLAIMS FORMS STATEMENT, reads as follows:

"(1) All claims forms may contain a statement that clearly states in substance the following: 'Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.' The lack of such a statement shall not constitute a defense against prosecution under this section.

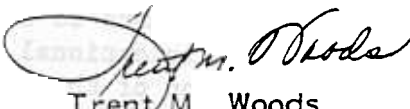
(2) For the purposes of this section, 'statement' includes, but is not limited to, any notice, statement, proof of loss, bill of lading, receipt for payment, invoice, account, estimate of property damages, bill for services, diagnosis, prescription, hospital or doctor records, x-ray test results, or other evidence of loss, injury, or expense."

In order not to work a hardship on the insurers and allow them to use up their current supply of claims forms, the required statement outlined under Section 41-1331 can be stamped in a prominent place in RED on existing forms until new forms are printed.

SPECIAL NOTICE: Due to budgetary constraints, these claims will have to be investigated on a selective basis.

Your full cooperation and understanding will be expected and appreciated

DEPARTMENT OF INSURANCE


Trent M. Woods
Director

January, 1984

State of Idaho
Department of Insurance
700 W. State Street
Boise, Idaho 83720

NOTE: This form is
CONFIDENTIAL, not for use
of general public.

SUSPECTED FRAUDULENT CLAIM REPORT

(Please type or print)

Carrier _____

Address (Reporting Office) _____

Person(s) Handling Claim _____ Telephone _____

Date/Loss _____ Policy No. _____

Has Claim Been Paid? Yes ☐ No. ☐ Claim No. _____

Amount Paid _____ Est. Amount/Loss _____

1. Type of loss/incident _____

Location of loss/incident _____

Name of Insured _____

Address of Insured _____ Telephone _____

Name of Suspect(if different from insured) _____

Relationship of suspect to insured _____

Address _____ Telephone _____

Describe nature of suspected activity (be specific) _____

What information has been developed to-date to confirm suspicion of this fraudulent activity? Be specific. (Attach copies in accordance with list on reverse side of this form, supplemental information should be forwarded as it becomes available.)

4 List name and address of any agency, government or private, to whom you have reported this matter _____

(Signature of Company Official)

(Date)

(For Department of Insurance Use Only)

Action taken _____

Date Closed _____

Idaho Code 41-251. CIVIL LIBERTY. No insurer, employees or agents of any insurer, or any other person acting without malice, shall be subject to civil liability for libel or otherwise by virtue of the filing of reports or furnishing other information pursuant to this section or required by the director of the department of insurance as a result of the authority herein granted.

DOCUMENTS

- 1 COPIES OF (ALL) APPLICATIONS FOR INSURANCE.
2. COPIES OF (ALL) POLICY DECLARATION SHEET(S).
3. COPY OF FIRST LOSS REPORT.
4. COPY OF OFFICIAL POLICE REPORT (IF ONE MADE).
5. COPIES OF LETTER OF REPRESENTATION AND ALL CORRESPONDENCE FROM ATTORNEY.
6. COPIES OF ALL CURRENT DOCTOR, HOSPITAL OR DEATH RECORDS.
7. COPIES OF ALL WAGE LOSS DOCUMENTS.
8. COPIES OF ALL WRITTEN STATEMENTS, AND TRANSCRIPTIONS OF RECORDED STATEMENTS FROM ANYONE INVOLVED.
9. COPIES OF CLAIMS RELEASE(S) OR SWORN PROOF(S) OF LOSS.
10. COPIES OF ALL RECEIPTS AND BILLS SUBMITTED BY CLAIMANT/INSURER.
- 11 COPIES OF ALL PROPERTY DAMAGE APPRAISAL(S).
12. COPIES OF ORIGINAL DRAFT(S) (FRONT AND BACK).
13. COPIES OF ALL INDEX BUREAU REPORTS.
14. SUMMARY OF ADJUSTERS INVESTIGATION INCLUDING INTERVIEWS WITH WITNESS OR CLAIMANTS.

TYPE OF CLAIM	DOCUMENTS REQUIRED
LIFE	ALL EXCEPT 10 AND 11
FIRE	ALL
MARINE.....	ALL EXCEPT 7
DISABILITY.....	ALL EXCEPT 11
LIABILITY	ALL
WORKER'S COMPENSATION	ALL EXCEPT 11
BURGLARY.....	ALL EXCEPT 6 AND 7
AUTOMOBILE	ALL
CREDIT	ALL EXCEPT 10 AND 11